



# LOCAL GOVERNMENT INVESTMENT PARTICIPANT IPAS AUTHORIZATION FORM

(Please Type or Print Information)

**GOVERNMENT AGENCY INFORMATION:**

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_**NEW ACCOUNT INFORMATION:**

INVESTMENT POOL: \_\_\_\_\_

7

( 5 or 7 )

Fund Name and LGIP \_\_\_\_\_

A/C #: \_\_\_\_\_

**AUTHORIZED INDIVIDUALS AUTHORIZED FOR DEPOSITS, WITHDRAWS, & TRANSFERS :**

	Deposit	Withdrawal	Transfer	View Only
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____ EXTENSION: _____				
EMAIL ADDRESS: _____				
SIGNATURE: _____				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____ EXTENSION: _____				
EMAIL ADDRESS: _____				
SIGNATURE: _____				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____ EXTENSION: _____				
EMAIL ADDRESS: _____				
SIGNATURE: _____				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____ EXTENSION: _____				
EMAIL ADDRESS: _____				
SIGNATURE: _____				

**FOR STATE TREASURER'S USE ONLY**

INVESTMENT POOL: 7 \_\_\_\_\_

BANK WIRE CODE: \_\_\_\_\_

LGIP FUND NO: \_\_\_\_\_

FUND NAME: \_\_\_\_\_

IPAS	QED	LGIP

(Initial when entered into the following...)

TREASURER'S AUTHORIZATION

DATE